

**UPSOM Curriculum Committee
Minutes of the 508th Meeting
November 18, 2024**

Jason Rosenstock, MD, Chair
Bill Yates, PhD, Vice-Chair

Business of the Curriculum Committee on November 18, 2024

Motion	Vote Tally	Approved?
Approval of Meeting Minutes from 11/04	11 Yes, 0 No	YES
Longitudinal Research Project courses/grading: Proposed Updates	DEFER	N/A

Voting Members Present: A. Yarkony, MS2; A. McCormick, MD, FAAP; B. Yates, PhD; B. Spataro, MD, MS; B. O'Donnell, MD; E. Egbert, MS1; H. Hohmann, MD; J. Waxman, MD, PhD; J. Rosenstock, MD; M. DeFrances, MD, PhD; M. Schmidt, PhD; M. McDowell, MD; N. Chen, MSTP; O. Torres, MD, MS; P. Drain, PhD; R. Schuchert, MD; S. Truschel, PhD; V. Agarwal, MD; Z. Tariq, MS4

Ex-Officio Non-Voting Members: A. Hyderi, MD, MPH; A. Gonzaga, MD, MS; B. Piraino, MD; D. DeFranco, PhD; E. Ufomata, MD, MS; L. Borghesi, PhD; P. Veldkamp, MD, MS; R. Buranosky, MD, MPH

Invited Colleagues and Guests: A. Clark, MD; A. Serra, MD, MPH; A. Young, MLIS; C. Newman; E. Lovallo, MD; E. Reis, MD; G. Null, MA; K. Maietta, MPPM; M. Sergeant, MPH, MSL; M. Wargo; P. Wallach, MD; R. Van Deusen, MD, MS; R. Powers, PhD; R. Al-Ramadhani, MD; R. Peterson, MD; T. Bui, MD

All members participated virtually

Dr. Rosenstock opened the meeting at 4:00PM.

Curriculum Committee members voted to APPROVE meeting minutes from 11/04.

Standing Subcommittees

CCES: Since the last meeting, CCES has met twice and covered various topics, including policies, procedures, and scheduling. Key updates include:

- Policy and Procedure Updates:** Changes are being made to improve preparation for LCME accreditation, with some updates likely to be brought to the Curriculum Committee for review and approval.
- Scheduling Issues:** Efforts have focused on the lottery system for Anesthesiology, developing two-week elective opportunities for students, and addressing related scheduling challenges.
- Post-Election Planning:** Discussions have considered the school's approach to the recent election's outcomes, addressing both immediate and long-term implications.

These topics reflect the ongoing work of the Executive Subcommittee.

CCQI & LCME: Greg Null provided updates on several key topics related to curriculum and accreditation:

- USMLE Step 1 Interim Report:**
 - The interim report (January–September 2024) shows an increase in the school's pass rate over the last two years.
 - A more detailed review of the content and pass rates is planned for Spring 2025.
- LCME Accreditation Elements:**
 - Element 6.2: Required Clinical Experiences:**
 - Students must complete and log 10 clinical skills (5 performed, 5 observed) and 45 clinical conditions.
 - The transition from Navigator to Elentra for logging these requirements will be

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completed for the class of 2027.

- Points for consideration:
 - Adding a "level of responsibility" for student encounters (e.g., observing vs. performing at different levels).
 - Documenting and tracking alternative methods for students who miss required experiences.
 - Monitoring the patient mix and density at clerkship sites to ensure sufficient opportunities.
 - **Element 8.6: Monitoring Completion of Clinical Experiences:**
 - Current processes involve checking logs through OMED and identifying gaps before graduation.
 - Recommendations include centralized checks at clerkship midpoints and endpoints, tracking alternatives for missed experiences, and ensuring data accuracy in Elentra.
3. **Levels of Responsibility:**
- Discussion of whether to add a threshold for when clinical conditions are encountered (e.g., requiring certain experiences at the M3 or acting intern level).
 - Currently, experiences can be logged at any level, but some schools are moving toward more specific requirements.

The updates highlight progress and ongoing considerations for aligning the curriculum with LCME standards and enhancing clinical training oversight.

**Longitudinal Research Project
Courses/Grading: Proposed**

Drs. Veldkamp and DeFranco led a discussion that revolves around refining the Longitudinal Research Program (LRP) for medical students, with key points and concerns summarized below:

Program Objectives and Features:

1. **Educational Goals:**
 - Emphasize the scientific method, interprofessional communication, and independent learning.
 - Foster professionalism, time management, and a mentor-trainee relationship.
2. **Structure:**
 - Begins in the first year with preparatory activities and progresses through mandatory research proposals and ongoing engagement.
 - Students submit quarterly progress reports, culminating in a final report before graduation.
3. **Proposed Changes:**
 - Transparency in grading: Categories include satisfactory, incomplete (temporary), and unsatisfactory (permanent on the transcript).
 - Deadlines and professionalism are emphasized to ensure accountability.

Concerns Raised:

1. **Student Feedback:**
 - **Culture of Intimidation:** Some students feel discouraged from providing honest feedback due to fear of retribution.
 - **Flexibility:** Calls for adaptability to support students' diverse research interests and commitments.
 - **Transparency and Support:** Concerns about how remediation decisions are made, with suggestions for more collaborative processes.
2. **Engagement Challenges:**

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- Calls for better alignment between formal LRP requirements and students' actual research activities.
- 3. **Program Strengths and Weaknesses:**
 - Acknowledgment of the program's unique longitudinal structure and benefits.
 - Criticism of perceived punitive measures and overly rigid deadlines.

Responses and Proposals:

1. **Administrative Perspective:**
 - Emphasis on grading changes to promote clarity and fairness.
 - Assurance of supportive measures for struggling students.
 - Recognition of student engagement in non-LRP research and flexibility in incorporating it into the program.
2. **Suggestions for Improvement:**
 - Collect anonymous student feedback to address broader concerns.
 - Enhance communication and support mechanisms for students who face difficulties.
 - Balance accountability with a trust-based approach to encourage authentic participation.

Next Steps:

- **Action Items:**
 - Delay voting on grading changes to gather more comprehensive feedback.
 - Involve program evaluation team to facilitate anonymous feedback collection.
 - Continue discussions to refine policies while maintaining the program's integrity and goals.

Because of student concerns about this proposal, the Chair tabled the motion to allow for more time for discussion. We will revisit the proposal on 12/2/24.

AAMC Updates

Artificial Intelligence (AI): Dr. Jason Rosenstock discussed the prominent role of AI in medical education as highlighted during the recent AAMC meeting. He noted widespread interest in AI's potential for innovation and efficiency, citing examples like NYU's data-integrated EMR system and Harvard's use of generative AI to summarize student evaluations. Virtual patients were also recognized as a valuable tool for communication skill development.

Dr. Rosenstock emphasized AI as an essential tool for the future of medical education, suggesting that while it will not replace faculty, failing to adopt AI might put jobs at risk. In-house AI initiatives, such as "PittGPT," are underway, but broader usability depends on infrastructure development and EMR integration.

Accreditation/QI: Katie Maietta discussed a session hosted by the LCME Secretariat on their strategic visioning process for revising accreditation standards, last updated in 2015-2016. The LCME identified 10 key challenges, including AI's impact on education and healthcare, competition for clerkship sites and residency positions, political interference in accreditation, and faculty well-being. Feedback from attendees highlighted continuous quality improvement (CQI) demands, UME-GME transitions, and the need for clearer intent behind accreditation elements. Dr. Allison Serra added that many institutions share frustrations about the resource-intensive accreditation process, emphasizing a sense of solidarity among schools navigating these challenges.

Greg Null highlighted the Accreditation, Planning, and Quality Improvement (APQI) community of practice, a national network of UME accreditation professionals. This group fosters collaboration, offers resources, and creates a supportive space for addressing accreditation challenges. APQI is facilitating connections among schools preparing for reaccreditation in 2026-2027, including Pitt, to share strategies and support.

Disability/Accommodations: Dr. Eloho Ufomata emphasized the importance of inclusivity for admitted

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students and shared insights from sessions on disability in medical education, highlighting changes to technical standards at Pitt Med (2019 update) to allow accommodations. Flexibility in defining these standards and providing clear expectations for clinical requirements were key recommendations. She also mentioned challenges and potential solutions in clinical accommodations, such as detailed clerkship descriptions, adjusted schedules, and physical accessibility. Overall, the conversation highlighted ongoing efforts, positive changes, and areas for further development, including potentially securing funding and addressing cultural and structural barriers to accommodations.

The next meeting is on Monday, December 2nd at 4PM. Dr. Rosenstock closed the meeting at 5:31PM.

Respectfully submitted by Michelle Sergent, recording secretary.

Curriculum Committee members voted to APPROVE meeting minutes for 11/18 on 12/02.